

*Day Training and Habilitation (DT&H) Services*

Determination of Need Application For Expansion of DT&H Services

Instructions

Lead agencies must use this form when they want to develop new DT&H services or expand, change or increase existing DT&H services for people with developmental disabilities.

For more information on the request process and DHS' legal authority, see the [Day training and habilitation \(DT&H\) services need determination page](#) in the [Community-Based Services Manual \(CBSM\)](#).

When completed, submit this form and any additional documentation using the “submit” button on page 4.

Lead agency information

DATE	NAME OF LEAD AGENCY	CONTACT PERSON'S NAME	PHONE
CONTACT PERSON'S EMAIL		CITY	STATE ZIP CODE

DT&H program information

PROGRAM NAME	CONTACT PERSON	PHONE
CONTACT PERSON'S EMAIL		FAX NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE
NPI/UMPI NUMBER	DHS LICENSE NUMBER	CORPORATE (PARENT) NAME

Request

Based upon the service and support needs identified in the Coordinated Services and Support Plans and Addendums (CSSP and CSSP Addendum), we request to: (check all that apply)

IF SO:	Develop a new facility-based, DT&H program <ul style="list-style-type: none">■ Provide a summary of the need for services and supports as identified within the CSSPs and CSSP Addendums■ Provide a summary of the proposed services and supports to be provided to people.
	Develop a new congregate, community-based, DT&H program <ul style="list-style-type: none">■ Provide a summary of the needs for services and supports as identified within the CSSPs and the CSSP Addendums■ Provide a summary of the proposed services and supports to be provided to people
IF SO	Develop a new DT&H program satellite facility <ul style="list-style-type: none">■ Provide a summary of need■ Provide the number of people that will be served

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IF SO	Increase DHS licensed DT&H program facility capacity (e.g., increase the number of people with developmental disabilities who receive DT&H services within the day-service provider's facility) ■ Provide a summary of need, the number of people that will be served
	Increase the number of service days providing DT&H services (not to exceed 23 days a month)
IF SO	Change the location of the DT&H service-provider facility/site ■ Provide the present and future addresses ■ Provide the increases in primary, usable square footage within the new facility(s) for the purpose of increasing the number of people with developmental disabilities who receive DT&H services.
IF SO	Change the fundamental DT&H program/services provided to people ■ Provide a summary of the proposed services and supports to be provided
	Change the DHS license to serve a different age group of people

Requirements

The lead agency must base the development of new DT&H services or the expansion and modification of existing DT&H services upon service needs identified in the Coordinated Services and Support Plan and Addendum (CSSP and CSSP Addendum) as required by [Minn. Stat. §256B.092, subd. 1b](#).

Do all the people who either currently receive who will receive DT&H services have a current CSSP and CSSP Addendum that meets the statutory requirements?	Yes	No
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Changes

In column A, list the current license conditions. In column B, list any proposed changes. If you do not request a change in column B, write N/A.

CHANGES	COLUMN A (CURRENTLY)	COLUMN B (PROPOSED)
No more than this number of persons can be served on site at any one time.		
Age of persons served (as stated on License)		

County board comments and approval

The county/tribal board supports the need for changes to the programs or services as described in this application and recommends approval of this application.

SIGNATURE OF COUNTY BOARD CHAIRPERSON OR DESIGNATED REPRESENTATIVE	DATE OF COUNTY/TRIBAL BOARD ACTION
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Additional requirements

Please answer the following items (If the items are not relevant to this application, write N/A).

1. Please describe how the lead agency's proposed DT&H services determination of need request application is related to the service needs identified in the lead agency's:
 - A. Community health and human services plan
 - B. Community social services administration (CSSA) plan
 - C. Lead agency needs determination/gaps analysis reporting
 - D. CSSPs and CSSP Addendums for people with developmental disabilities.

2. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that were considered and ruled out as viable alternative options to DT&H services, and why.

3. Please describe how your lead agency provided information about informed choice and viable/alternative service and support options to DT&H services.

4. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that could be used as viable alternative options to DT&H services in the future.

5. Please describe how the lead agency’s proposed request ensures that current and prospective people receiving DT&H services and supports will have all of the following:

- A. Individualized services and supports that meet their needs and preferences
- B. Individualized opportunities to seek competitive employment and work at competitively paying jobs in the community with people without disabilities and with or without support services
- C. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities.

6. The lead agency assures the DT&H service provider has policies and practices that protect and support:

A. The right to privacy, dignity and respect?	Yes	No
B. Personal autonomy, independence and control of resources?	Yes	No
C. Accessibility and freedom from restraint?	Yes	No
D. Individualized services and supports that meet people’s needs and preferences?	Yes	No
E. Individualized opportunities to seek competitive employment, and work at competitively paying jobs in the community with people without disabilities and with or without support services?	Yes	No
F. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities?	Yes	No

What if I have questions?

If you have questions, or need help, please contact the DSD Response Center via email DSD.ResponseCenter@state.mn.us (preferred) or by phone at 651-431-4300 or 866-267-7655.

To send via U.S. mail, write to:

Minnesota Department of Human Services, Community Supports Administration
Disability Services Division, ATTN: DSD Response Center
PO Box 64967
St. Paul, MN 55164-0967

How do I submit this application?

Use the submit button below to email this complete form to DHS. If applicable, remember to attach your documentation to the email before you send it.